Dickinson College Financial Aid Office

Family Grid

Please complete this family grid and return it to Dickinson College's Financial Aid Office as soon as possible. Include:

- ✓ Your parent(s) with whom you live. If your biological parents are divorced or separated, complete the fields below about the parent who provides the greater portion of your financial support, even if you do not live with them.
- ✓ Your parents' other children, even if they apart from your parent(s) due to college enrollment and if your parent(s) will provide more than half of their support from 07/01/2027 - 06/30/2028.
- ✓ Other people in your family if they live with your parents and your parents provide more than half of their support from 07/01/2027 - 06/30/2028.

Full names Of family members	* Use codes from below	Age (Required) Use whole numbers	Claimed by parents as tax exemption in 2025	2027-2028 School Year				2028-29 School Year		
				Name of School	Year in school	Scholarships and Grants	Parent's Contribution	Attend college Full or Half time in Degree or Certificate Program?	* * Type	Name of School
You the student applicant										
						$	$			
						$	$			
						$	$			
						$	$			
				.		$	$			
						$	$			

** 1 = Student's parent; 2 = Student's stepparent; 3 =Student's brother or sister; 4 = Student's husband or wife: 5 = Student's child/stepchild; 6 = Student's grandparent; 7 = Student's stepbrother or stepsister; 8= Other*

*** 1 = 2yr. public college; 2 = 2 yr. private college; 3 = 4 yr. public college; 4 = 4 yr. private college; 5 = graduate/professional school; 6 = proprietary school*

Parent Signature* _____ **Student Signature*** _____ **Date** _____

Student ID # _____

Return completed form to: *Dickinson College - Financial Aid Office - Box 1773 - Carlisle, PA 17013-2896; or fax (717) 245-1972*